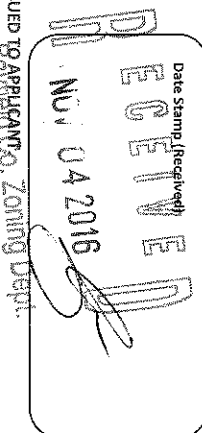


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0005
Date:	1-11-17
Amount Paid:	\$280 11-7-16
Refund:	



INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Zoning Dept.

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	James & Sarah Kreinbing		Mailing Address:	6660 Jameek Rd Ashland, WI 54806		Telephone:	715-746-2674
Address of Property:	Ruth Lake Rd		City/State/Zip:			Cell Phone:	
Contractor:	Self		Contractor Phone:			Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:			Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)	35922		Recorded Deed (i.e. # assigned by Register of Deeds)	Document # _____ R _____	
1/4, _____ 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 28, Township 47 N, Range 8 W	Town of: Iron River			Lot Size	Acreage 8.59		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$20,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input checked="" type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> Slab			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction: _____	Length: 80	Width: 60	Height: 20

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Rec'd for Issuance	Principal Structure (first structure on property)	60 x 80	4800
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	slab for barnyard shed	
	with Loft	( )	
	with a Porch	( )	
	with (2") Porch	( )	
	with a Deck	( )	
	with (2") Deck	( )	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	( )	
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( )	
	Mobile Home (manufactured date)	( )	
	Addition/Alteration (specify)	( )	
	Accessory Building (specify)	( )	
	Accessory Building Addition/Alteration (specify)	( )	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	( )	
	Conditional Use: (explain)	( )	
	Other: (explain)	( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sarah & Kreinbing  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_  
Date: 11-4-16

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	900 Feet	Setback from the Lake (ordinary high-water mark)	920 Feet
Setback from the Established Right-of-Way	775 Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	778 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	75 Feet	Setback from Wetland	
Setback from the West Lot Line	853 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	— Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake/Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0005		Permit Date: 1-11-17	issuance	
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Per R. Schermerman, Director, submitted a land use permit for construction is considered "authorized" building activity per section 13-191 (g)(1). 5-1-17				
Date of inspection: 11-18-16	Inspected by: J. Coonroe-McCarthy		Zoning District	(F-1)
			Lakes Classification	(M)
Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)				
① BUILDING MUST MEET SETBACKS TO PROPERTY LINES. APPROVED PER EXCEPTIONS ON EUP.				
③ COMMERCIAL BUILDING PERMIT MAY BE REQUIRED.				
Signature of Inspector:		Date of Approval: 11-30-16		
Hold For Sanitary: <input type="checkbox"/>	Hold For TRA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

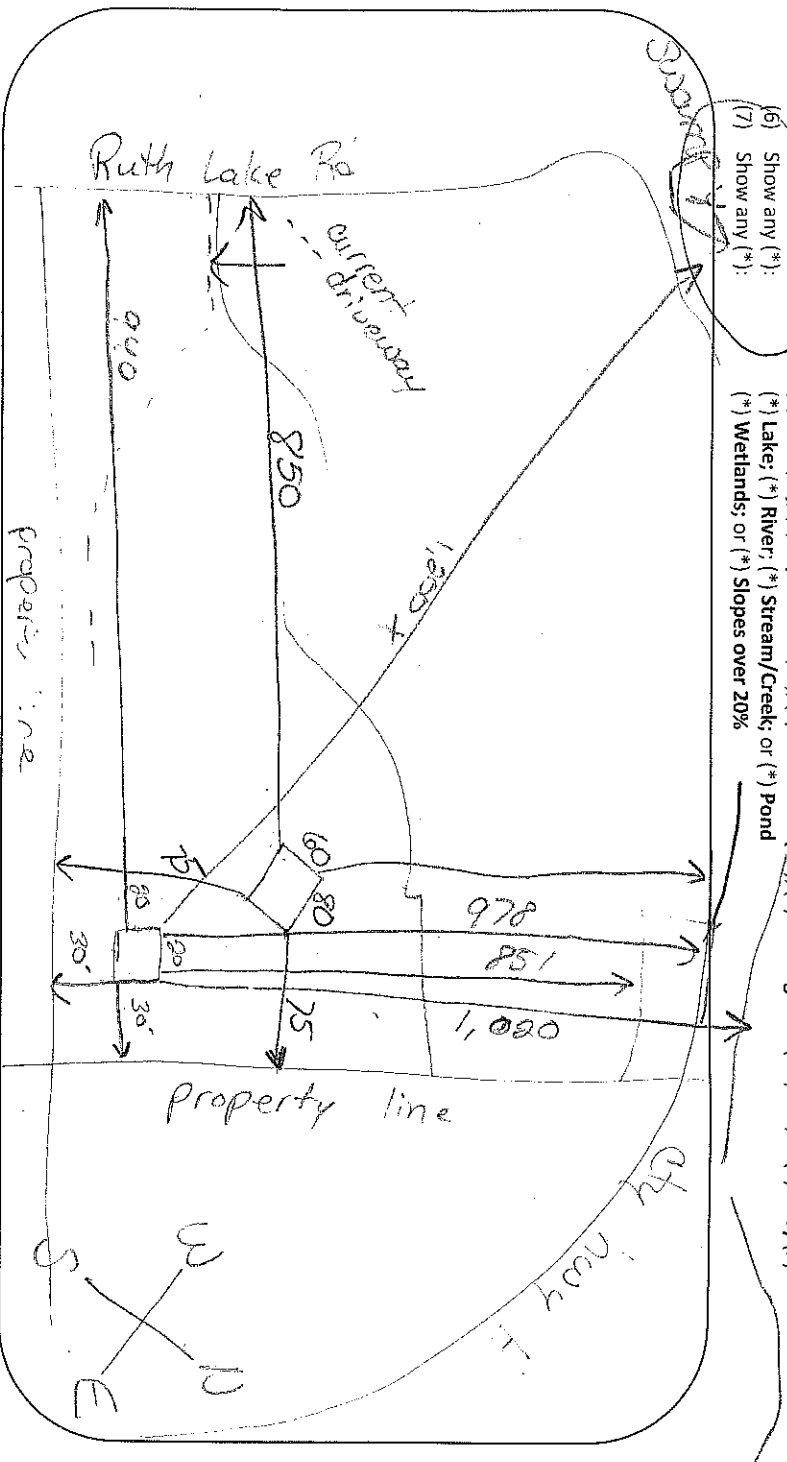
There for this permit can be issued since he is applying a land use app prior to

In the box below: **Draw or Sketch** your Property (regardless of what you are applying for)

- (1) **Show Location of:**
- (2) Show / Indicate:
- (3) Show Location of (\*):
- (4) Show:
- (5) Show:
- (6) Show any (\*):
- (7) Show any (\*):

### Proposed Construction

North (N) on Plot Plan  
 (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
 All Existing Structures on your Property  
 (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DE); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
 (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
 (\*) Wetlands; or (\*) Slopes over 20%



**Please complete (1) – (7) above (prior to continuing)**

(8) **Setbacks:** (measured to the closest point)

**Changes in plans must be approved by the Planning & Zoning Dept.**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	978 Feet	Setback from the Lake (ordinary high-water mark)	1020 Feet
Setback from the Established Right-of-Way	851 Feet	Setback from the River, Stream, Creek	1102 Feet
Setback from the North Lot Line	851 Feet	Setback from the Bank or Bluff	20 Feet
Setback from the South Lot Line	30 Feet	Setback from Wetland	1200+ Feet
Setback from the West Lot Line	940 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	— Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.**

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #:	Permit Date:				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) _____ <input type="checkbox"/> Yes (Fused/Contiguous Lots) _____ <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Previously Granted by Variance (B.O.A.)				

NOV 06 2015  
Secretarial Staff

Special Use: (explain)		1	no structure at
Conditional Use: (explain)	FARMING + PASADENA /		
other: (explain)	Event center	1	x third time

**FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES**

I, [Signature] do hereby certify that I am the owner of the above described property at any reasonable time for the purpose of inspection.

Dated: 09-15-2015

Owner(s): Donald D. Smith, Jr. David L. McLaughlin

Authorized Agent: \_\_\_\_\_ (A letter of authorization must accompany this application)

**Attach**

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
\_\_\_\_\_ 166180 Janecek Rd, Ashland, WI 54806 \_\_\_\_\_  
\_\_\_\_\_ If you recently purchased \_\_\_\_\_

**Copy of Tax Statement**  
property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE Stamp Required  
NOV 04 2016  
BAYFIELD CO. Zoning Dept.



Permit #:	17-0006
Date:	1-11-17
Amount Paid:	\$105 11-7-16
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>James + Sarah Kreinbring</u>	Mailing Address: <u>66180 Janecek Rd Ashland WI, 54806</u>	Telephone: <u>715-746-2672</u>
Address of Property: <u>66180 Ruth Lake Road</u>	City/State/Zip: <u>Iron River, WI</u>	Cell Phone: <u>715 292 3385</u>
Contractor: <u>Self</u>	Contractor Phone: <u>—</u>	Plumber: <u>—</u>
Authorized Agent: (person Signing Application on behalf of Owner(s)) <u>—</u>	Agent Phone: <u>—</u>	Agent Mailing Address (include City/State/Zip): <u>—</u>
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>Gov't Lot 5, Lot(s) 4, CSM 1705, Vol &amp; Page 10, P 101</u>	PIN: (23 digits) <u>04-024-2-47-08-28-305-005-14000</u>
Section <u>28</u> , Township <u>47</u> N, Range <u>8</u> W	Town of: <u>Iron River</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1146</u> Page(s) <u>405</u>
Shoreland → <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage yes—continue →	Distance Structure is from Shoreline: <u>—</u> feet Distance Structure is from Shoreline: <u>—</u> feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion <u>\$4000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
Include donated time & material	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> —	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>—</u>	<input checked="" type="checkbox"/> Not
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> —	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> —	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> —	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>30 feet</u>	Width: <u>20 feet</u>	Height: <u>13 feet</u>
Proposed Construction:			

Proposed Use: <u>Residential Use</u>	Proposed Structure	Dimensions	Square Footage
JAN 11 2017	Principal Structure (first structure on property)	<u>20 x 20</u>	<u>400</u>
<input checked="" type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	( <u>X</u> )	
	with Loft	( <u>X</u> )	
	with a Porch	( <u>X</u> )	
	with (2nd) Porch	( <u>X</u> )	
	with a Deck	( <u>X</u> )	
	with (2nd) Deck	( <u>X</u> )	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	( <u>X</u> )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>X</u> )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) <u>—</u>	( <u>X</u> )	
	Addition/Alteration (specify) <u>—</u>	( <u>X</u> )	
	Accessory Building (specify) <u>Storage shed</u>	( <u>20 x 20</u> )	<u>400</u>
	Accessory Building Addition/Alteration (specify) <u>—</u>	( <u>X</u> )	
	Special Use: (explain) <u>—</u>	( <u>X</u> )	
	Conditional Use: (explain) <u>—</u>	( <u>X</u> )	
	Other: (explain) <u>—</u>	( <u>X</u> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James + Sarah Kreinbring Date 11-1-16

Authorized Agent: — Date 11-01-16

Address to send permit 66180 Janecek Rd, Ashland WI 54806



